

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
CAMDEN VICINAGE**

**IN RE: VALSARTAN
PRODUCTS LIABILITY LITIGATION**

This document relates to:

MDL No. 2875

Honorable Robert B. Kugler,
District Court Judge

Honorable Joel Schneider,
Magistrate Judge

Plaintiff Profile Form
(Personal Injury)

1. This plaintiff profile form is provided for Valsartan personal injury plaintiff _____.
2. Plaintiff's counsel is: _____.
3. Docket number for this individual action: _____.
4. The individual on whose behalf this action was filed:
 - a. Full Name: _____.
 - b. Address: _____.
 - c. Date of Birth: _____.
 - d. Social Security Number: _____.
5. Identify each Valsartan containing product at issue consumed, including (attach additional pages as needed):

| Manufacturer(s) | NDC Code(s) | Dosage(s) | Period of Use | Pharmacy Name, Address | Prescribing Physician |
|------------------------|--------------------|------------------|----------------------|-------------------------------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Attach pharmacy, medical, billing, and, insurance records currently within your possession further detailing the information provided in response to Question 5, any recall letters, prescription bottles or prescription labels for the product at issue, and any written communications, including electronic communications, sent to or received from your pharmacy, physician, or other medical provider related to the recall. If any of these records have not been obtained to date, provide an explanation for the missing records.

Complete the authorizations, attached as Exhibit A, for the release of insurance, pharmacy, and medical records for all facilities and/or medical providers identified in response to Question 5.

6. Identify the injury(ies) claimed by Plaintiff to be causally related to Plaintiff's consumption of the subject Valsartan (attach additional pages as needed):

| Diagnosis or Injury | Date(s) of Diagnosis | Diagnosing Physician(s) or Medical Provider(s) | Treating Physician(s) or Medical Provider(s) |
|---------------------|----------------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach medical records demonstrating each diagnosed injury(ies) identified in response to Question 6. If any of these records have not been obtained to date, provide an explanation for the missing records.

Complete the authorizations, attached as Exhibit A, for the release of insurance, pharmacy, and medical records for all facilities and/or medical providers identified in response to Question 6.

VERIFICATION

I, _____, declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Profile Form dated _____ and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Signature of Plaintiff

NOTICE

Within three (3) weeks of receipt of a plaintiff's Profile Form, defendants shall notify that plaintiff of any core deficiencies. Plaintiffs' liaison counsel shall be served with a copy of the letter via email. Plaintiff shall respond by letter within two (2) weeks of the date of service of defendants' letter. If the dispute is not resolved, defendants shall put the dispute on the agenda for the next court conference.

If a case appears on the agenda for two court conferences, the defendants may request that an Order to Show Cause be entered to the delinquent party. That Order to Show Cause shall be returnable at the next court conference and require the delinquent party to show cause why his complaint should not be dismissed with prejudice.